

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/051843		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
1							51				
2	1						52				
3		2					53				
4		2					54				
5		2					55				
6		2					56				
7	1						57				
8	1						58				
9		1					59				
10		0					60				
11	1						61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16	1						66				
17	1						67				
18		0					68				
19		1					69				
20	1						70				
21	1						71				
22		1					72				
23		1					73				
24		2					74				
25		2					75				
26		2					76				
27		2					77				
28	1						78				
29	1						79				
30		0					80				
31	1						81				
32		1					82				
33	1						83				
34	1						84				
35		2					85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	14						TOTAL IND.				
TOTAL DEP.	35						TOTAL DEP.				
TOTAL CLAIMS	49						TOTAL CLAIMS				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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